

SC DHEC Public Health Region 8

Serving Beaufort, Colleton, Hampton, and Jasper Counties



2006 - 2007 Annual Report



SCDHEC, Public Health Region 8

Beaufort, Colleton, Hampton and Jasper Counties
Region Headquarters
1235 Lady's Island Drive
Port Royal, SC 29935
(843) 525-7603

A Message from your Region Public Health Director



Dear Colleagues,

The South Carolina Department of Health and Environmental Control Public Health Region 8 is pleased to provide you with our fiscal year 2007 Annual Report. The report highlights activities and services provided by the health departments in Beaufort, Colleton, Hampton and Jasper counties.

The Region 8 Public Health Team takes very seriously our role in promoting and protecting your health. The data within this report demonstrates our commitment to addressing the needs of our customers and the community. Despite budget challenges throughout the fiscal year, Region 8 has remained focused on quality of care in providing core public health services and we look forward to new opportunities in the upcoming year. We will make sure our resources are used to prevent the spread of disease, improve our preparedness to respond to emergencies and improve the Region's health indicators.

The Region Leadership Team has embraced the elements of Performance Management in establishing public health priorities and dedicating resources for service delivery. The team has been vigilant in monitoring health indicators and implementing strategies to positively impact health outcomes throughout the Region.

The information in this annual report is a snapshot of our many services. Our Region continues to seek opportunities to work collaboratively with community partners to improve our efficiency and effectiveness in tackling local public health issues. We welcome your comments and suggestions to help us achieve our vision of Healthy People Living in Healthy Communities.

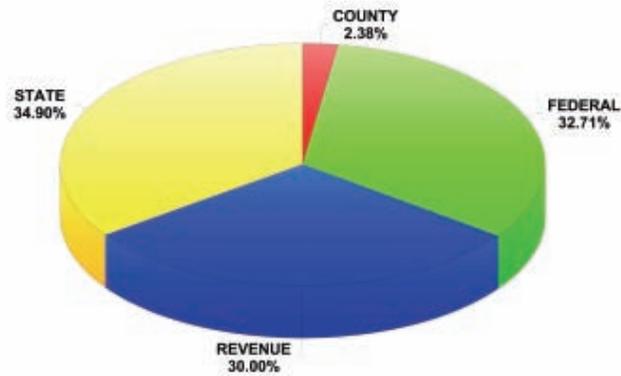
Sincerely,

Matt Petrofes, MBA
Health Director
Public Health Region 8
SC Department of Health and Environmental Control

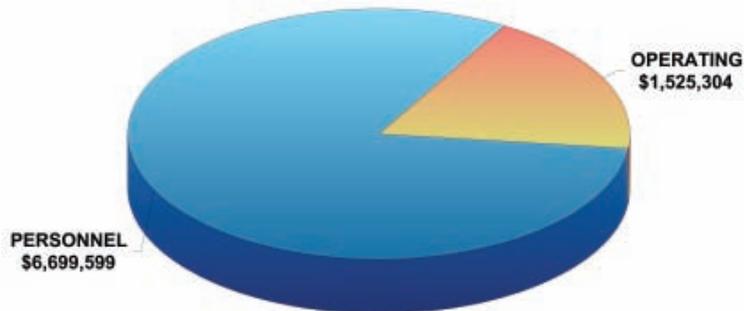
Region 8 Leadership Team

Nick Davidson, MS	Director of Public Health Preparedness
Mary Edmonds, MA	Region Administrator
Blaine Lyons, BS, REHS	Director of Environmental Health
Deborah A. McCoy, MSW, LMSW	Director of Integrated Services/Social Work/WIC
Mary Jane Richardson, RN, MN	Director of Clinical Services/Nursing
Linda Summerall, RN, MSN	Director of Continuous Quality Improvement

Fiscal Year 2006/2007

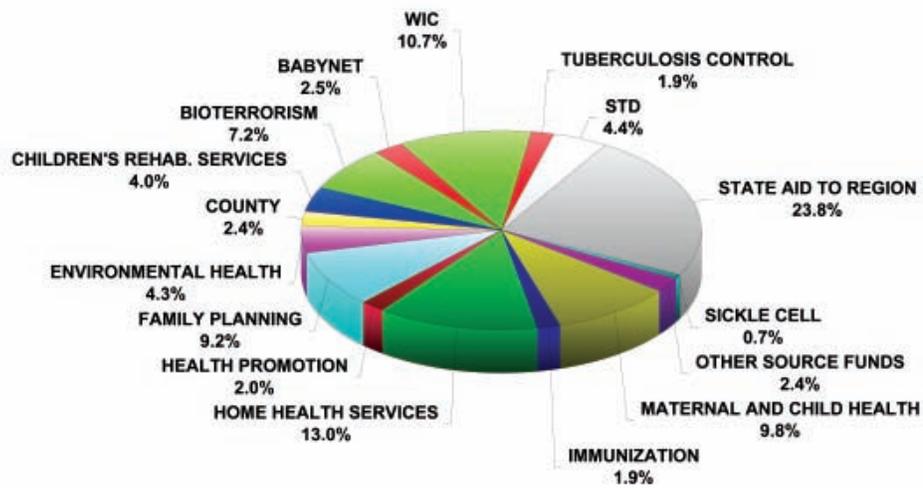


REGION BUDGETED REVENUE



Total: \$8,224,903

COMPARISON OF PERSONNEL TO OPERATING EXPENSES



BUDGET DISTRIBUTION BY PROGRAM AREA

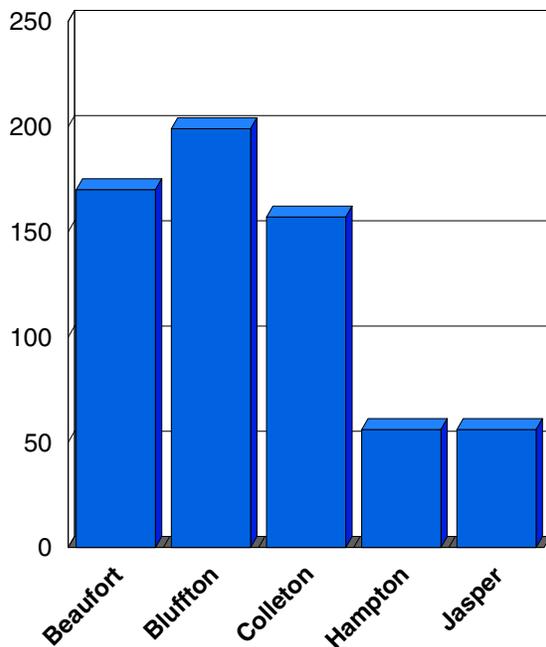
Public Health Region 8: A Snapshot of our Services

We continuously track the number of services we provide. This serves as an indicator of whether or not our services are consistent with the unmet need in our communities. The Region Leadership Team reviews the indicators on a monthly basis and then uses the information to make strategic decisions that will place the health departments in the best position to serve our clients.

Since each community is unique, the next few pages will provide you with a graphic display (broken down by each of our five primary service delivery sites) of the total number of activities performed in some of our core services. We selected services that are either critical to our mission or those services which receive a high degree of public attention.

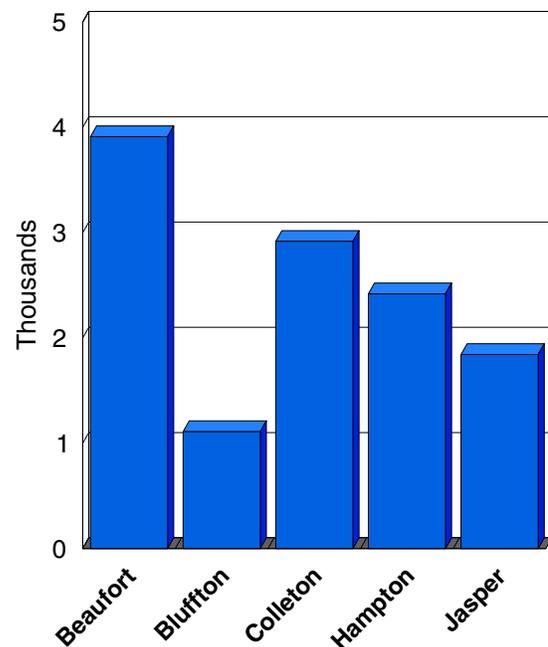


Animal Bite Investigations



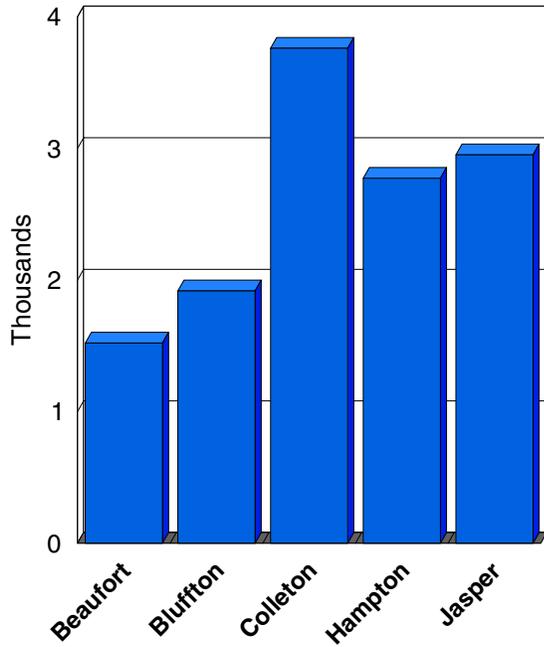
Total = 638

Family Planning



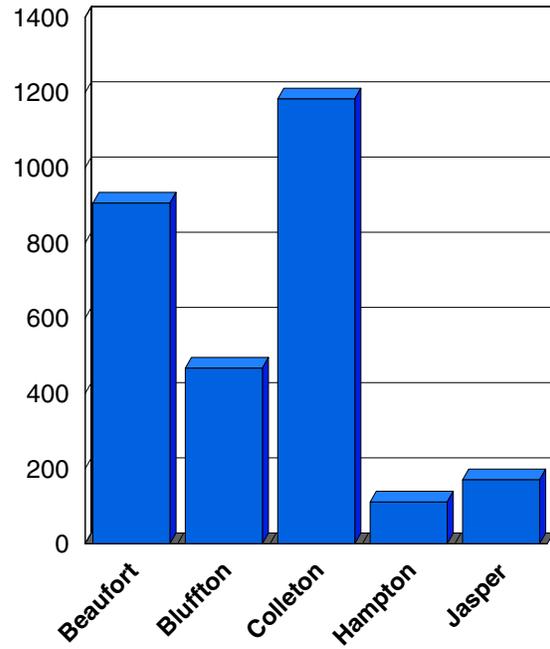
Total = 12,206

Immunizations



Total = 12,928

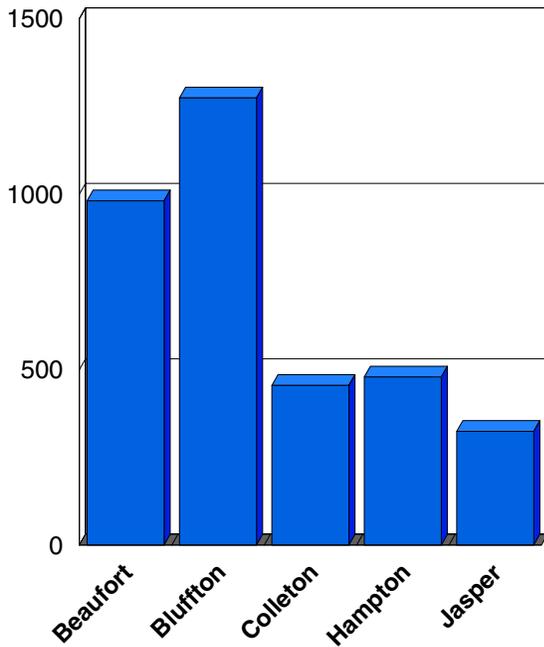
Integrated Services*



Total = 2,837

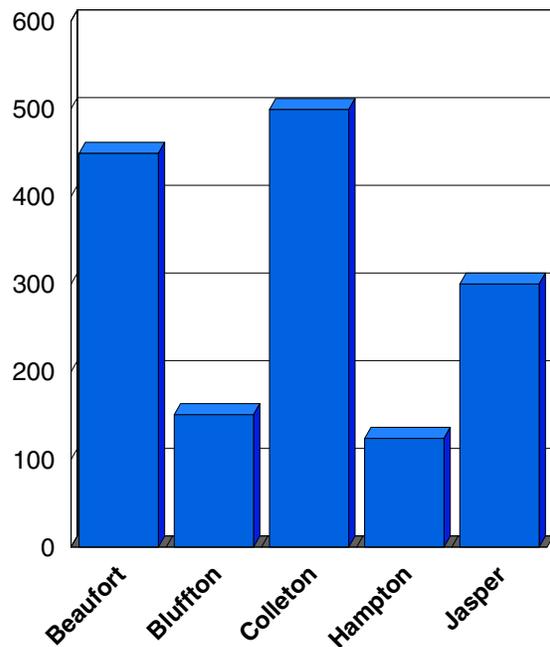
*Integrated Services data includes Newborn Home Visits, Family Support Services, Pediatric HIV/AIDS, and Social Work Services.

Restaurant Inspections



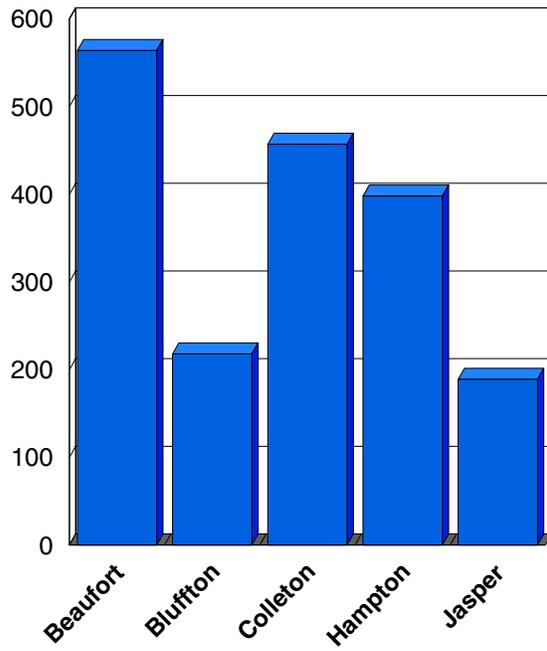
Total = 3,513

Septic Tank Applications



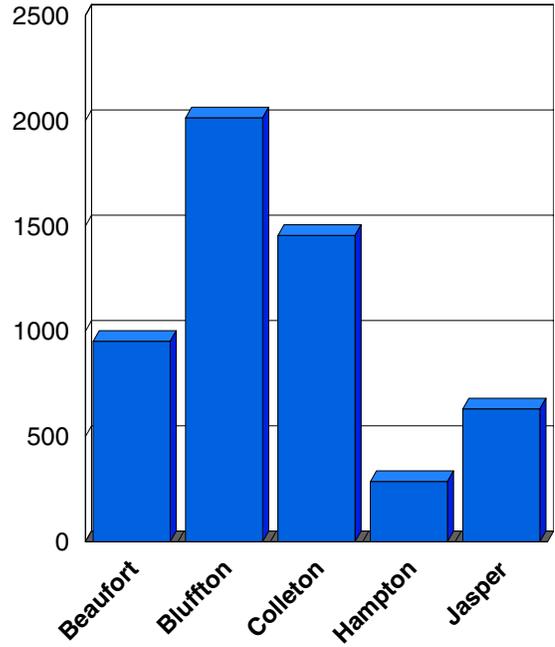
Total = 1,523

Sexually Transmitted Diseases



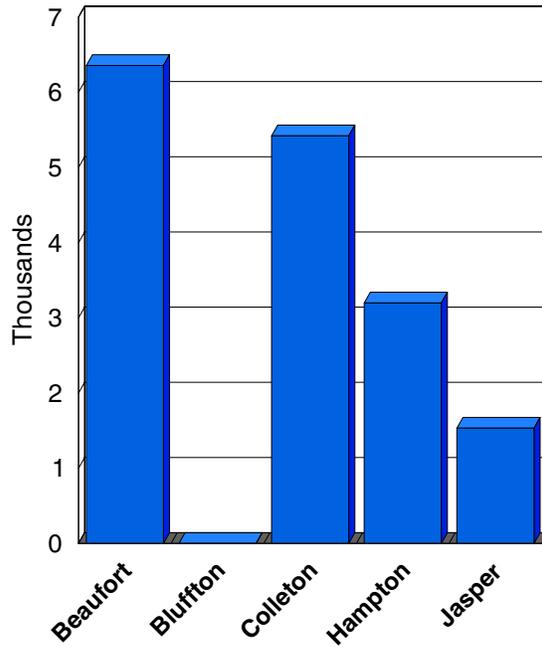
Total = 4,836

Tuberculosis



Total = 5,337

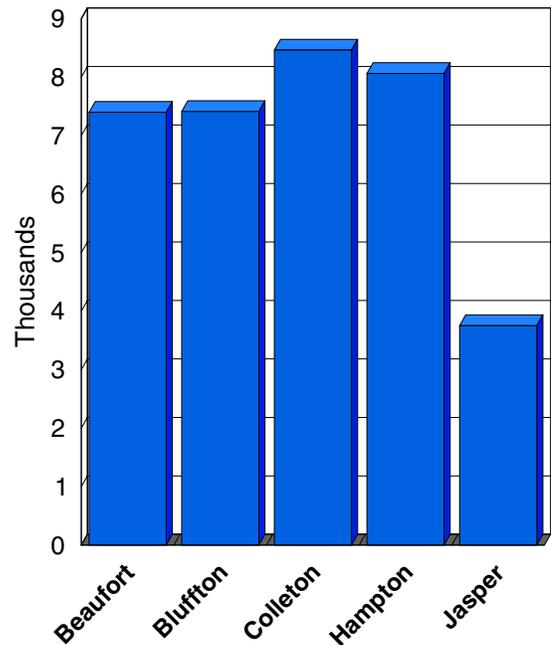
Vital Records*



Total = 16,510

*Vital records includes: Issuance of birth and death certificates.

WIC*



Total = 35,097

*Women, Infant and Children's special supplemental nutrition program.

Together For Beaufort: Access To Prenatal Care Workgroup

Together for Beaufort is a community-wide effort to improve the life and health of Beaufort County citizens. One of the project's 16 objectives is to improve the percent of births reported as having received adequate prenatal care from 54.7% reported in 2004 to more than 85% by the year 2012. To achieve this goal, a group has been formed to address barriers to prenatal care, birth-data collection issues, education and access needs. The group is made up of representatives from:

- 1) The Beaufort County Alliance for Human Services
- 2) Beaufort Memorial Hospital
- 3) Beaufort Women's Center
- 4) Beaufort-Jasper-Hampton Comprehensive Health Services
- 5) Clinica de la Mama (a new prenatal care provider on Hilton Head Regional Medical Center's campus)
- 6) Department of Health and Human Services
- 7) Hilton Head Regional Medical Center
- 8) March of Dimes
- 9) MUSC Perinatal Program
- 10) The Pregnancy Center of Hilton Head
- 11) SC DHEC Region 8
- 12) The Stork's Nest.

One of the new members of the group is Clinica de la Mama, a clinic providing prenatal care to pregnant women with or without insurance. They also provide transportation and assistance with Medicaid applications.

Together for Beaufort has set achievable goals for their objectives and recognizes no one entity can reach these goals alone. SC DHEC, Region 8 will work with community members to meet these objectives and "promote/protect/prosper" our county.

Recruitment of Healthcare Volunteers

In order to meet our staffing requirements during emergencies, Region 8 has hired a volunteer coordinator to recruit interested residents with healthcare backgrounds. Our goals are to:

- Recruit healthcare volunteers and register them into an internet-based database called SC SERV (www.scserv.gov)
- Form a Medical Reserve Corps (MRC) which would be a formalized healthcare volunteer entity organized to give additional structure, funding, and longevity to the program.

Community outreach has just begun to include presentations, newspaper advertisements, flyers and articles in local publications.

The Right Care, Every Time

Colleton and Hampton Home Health staff were active participants in the Home Health National ReACH Collaborative last year. In 2007, our agency became participants in the Home Health Quality Improvement (HHQI) National Campaign. This campaign focuses on improving the quality of patient care in the home health setting with the goal to assist home care patients to remain in their home settings and reduce avoidable hospitalizations.

Each month, the agency receives a best practice intervention packet that is designed to highlight proven strategies to reduce acute care hospitalization. In order to reach all levels of staff within an agency, unique packages have been developed for managers, administration and all levels of disciplines. There are beginning and advanced tracks for administration and management staff. Staff can access the intervention packages on the internet.

As an added bonus, our agency will receive monthly data reports that will let us know how we are doing compared to other home health agencies. The reports will provide more detailed information than has been available to us in the past, including ranking for acute hospitalization, detailed reasons for hospitalization, along with percentage of hospitalizations by day of the week.

A best practice is to conduct risk assessments of patients most prone to return to a hospital while on home health services. Our agency had already compiled data to develop a Risk Assessment Tool that could be utilized to predict a higher risk of emergent care or rehospitalization. This tool is completed upon admission of the patient to home health and is utilized in setting up the initial care plan.

National statistics have shown that persons identified to be at higher risk for rehospitalization can benefit from more frequent, concentrated home and telephone visits during the first two weeks at home. Attention is given to instruct the patient and family on how to contact our nurse on call and what signs and symptoms may need immediate follow up from their home health nurse.

After much hard work and effort, Region 8 Home Health staff have successfully lowered the Acute Care Hospitalization rate, but much still can be accomplished as we strive to assist our patients and their families in attaining quality care in the home environment. The new HHQI Campaign can provide our staff with more and new information to help in selecting best practices to continue our trend in lowering unplanned hospitalizations.



The “STARS” of Environmental Health

An exciting technological advance for the Food Protection program that improves food safety for South Carolinians has come to fruition after many months of planning. Inspectors are now able to utilize an 8” x 10” electronic tablet computer to conduct activities associated with retail food establishments via the Surveillance Tracking and Reporting System (STARS). In addition to routine audits, follow-ups, and new construction evaluations, STARS is primarily designed to capture information on complaints and potential food-borne illnesses. This feature allows Central Office staff to track and connect outbreaks from different regions that may be related to a single source. The tablet, which comes with its own printer for use in the field, has many additional capabilities that include Alias Sketch Book, GPS, and MS Address Book. With the combination of the many included features, the tablets provide staff with the very latest available technology to conduct effective and efficient activities in the Food Protection Program that will lead to the enhancement of the quality of life for the citizens of South Carolina.



Keeping Kids Healthy

The Summer Food Service Program (SFSP) was established to ensure that low income children continue to receive nutritious meals when school is not in session. Free meals that meet federal nutritional guidelines are provided to all children at approved SFSP sites. Sites are in areas with significant concentrations of low-income children. There are over 200 sites in our region this year.

The Summer Food Service Program for Children is a federally funded program operated nationally by the U.S. Department of Agriculture (USDA) and administered by the Department of Social Services (DSS) within the state of South Carolina. Eligible sponsors such as non-profit organizations, schools, and local governments serve meals to children from June – August each year.

DHEC contracts annually with DSS to perform seven specific activities in connection with the program. Environmentalists conduct inspections of the preparation sites, delivery vehicles, and distribution sites. These inspections are conducted to insure that safe food handling practices are being followed and that the children receive a product that is safe for consumption.

DHEC plays an important role in ensuring a positive outcome for the children that are in need of the services provided by this program. The continued success of the program is particularly important since research shows that there is a link between a safe, healthy, and nutritious diet and a child's mental alertness and cognitive development.

Helping to Bridge the Gap

Region 8 participated in the 2007 Women's Heart Health Conference, "Bridging the Gap to Eliminate Health Disparities." As a presenter, the Region provided education to the Hispanic population on healthy food choices, the importance of physical activity, and how to reduce the risks of heart attacks, high blood pressure, and diabetes. In an effort to engage the Spanish Speaking population around Hilton Head, local companies provided free screenings for cholesterol, glucose, blood pressure, body mass index, and eye exams. Cardiologists, a culinary arts teacher, internist, fitness instructor, obstetrician, nutritionist, pediatrician, psychologist, and a registered dietician also presented information directly related to their professions.

The conference's goal to "Educate, Equip, and Empower in the Low Country," was the premise to reach out to women of all ages and give them the tools to take control of their health. "Bridging the Gap" was to: Educate women on health, aging and other issues that contribute to having a long, rich and fulfilling life; Equip women with the information needed to make lifestyle changes that will add not only to their quality of life, but to the lives of their families and loved ones; and Empower each person with the knowledge that they can, no matter what their age or circumstances, make positive lifestyle changes.

The conference was divided into sessions of specific health related topics for women. Breakout sessions included: The ABC's of Diabetes, Blood Pressure- the Silent Killer, Heart Health: It's A Family Affair, Healthy Eating in a Fast Paced World, Talking to Your Doctor, Taming the Stress Monster, and Wellness Through the Menopause Maze. The keynote speaker was, Cardiologist, Paula A. Johnson, M.D. She is the Chief of the Division of Women's Health at Brigham and Women's Hospital in Boston, MA.. Dr. Johnson is nationally recognized as an expert in cardiology care for women.

"Bridging the Gap" was sponsored by the American Heart Association, Hilton Head Regional Medical Center and the Community Foundation of the Lowcountry.

Region 8 Facilities

Beaufort County Health Department
601 Wilmington Street
Beaufort, SC 29902
(843)525-7615

Hampton County Health Department
501 Carolina Avenue West
Varnville, SC 29924
(803)943-3878

Bluffton Health Center
4819 Bluffton Parkway
Bluffton, SC 29910
(843)757-2251

Jasper County Health Department
359 East Wilson Street
Ridgeland, SC 29936
(843)726-7788

Colleton County Health Department
219 South Lemacks Street
Walterboro, SC 29488
(843)549-1516

Region Headquarters
1235 Lady's Island Drive
Port Royal, SC 29935
(843)525-7603

Health Indicators for Public Health Region 8: Beaufort, Colleton, Hampton and Jasper Counties

The following sections highlight selected health indicators based on those from the United Health Foundation and produced in partnership with the American Public Health Association (APHA) and the Partnership for Prevention. These indicators are among those most commonly requested and assist us to monitor changes in the health of our local communities. They also help to analyze emerging health problems and to recognize encouraging trends. This information is meant to provide a common base of public health information on which to focus.

The information presented here is based on data gathered as part of the S.C. Department of Health and Environmental Control's assessment and surveillance activities. The selected health indicators are leading causes of death or reflect other important public health issues. More information about these indicators from the State and National level can be obtained from the United Health Foundation website at this address: <http://www.unitedhealthfoundation.org>.

The usefulness of this or any public health data is limited by availability of the most recent data that must go through accuracy tests before being made public. The data used in this report covers all four counties of Region 8 and is compared to State level data. The DHEC regions were ranked from one to eight, with "1" being the best in that category and "8" being the worst in that category. Definitions of the data used, how the data is derived, and the source of the data immediately follow.

Primary Health Indicators - Definitions

Risk/Outcome	Definition
Adequacy of Prenatal Care	UPDATED DATA: Rates of live births with adequate prenatal care (Kessner Index), SC 2003-2005* average annual data (residence), rates per 1,000 live births.
Children in Poverty	UPDATED DATA: Percent of children less than 18 years of age below the poverty level, SC, 2004 SAIPE Estimates available from the Census Bureau web site.
ER Visits	UPDATED DATA: Percent of inpatient hospitalizations and emergency room visits (an unduplicated count of persons) with a primary expected pay source of 'self' or 'indigent', SC, 2003 data (residence) provided by the Office of Research and Statistics, SC - BCB. Source: SC UB-92 Billing Data.
High Blood Pressure	UPDATED DATA: Component of 'Risk for Heart Disease' indicator: Estimated percent of population who were ever told by a health professional that they have high blood pressure (excludes 'during pregnancy'), SC, 2005 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.
High School Graduates	UPDATED DATA: Percent of ninth graders (who entered high school for the first time in 2002-03) completing high school in four years, 2005-06 South Carolina public school graduation data provided by the SC Department of Education. ***** 2006 state percentage includes charter schools, while regional percentages do not.
Incidence of AIDS*	UPDATED DATA: Incidence rates of AIDS cases* per 100,000 estimated population, SC, 2003-2005 average annual data (occurrence) provided by the Bureau of Disease Control, SC DHEC. NOTE: Region AIDS data exclude out-of state residents.
Limited Activity Days	UPDATED DATA: Estimated mean number of limited activity days during the past month, SC, 2005 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.
Motor Vehicle Deaths (Miles)	UPDATED DATA: Motor vehicle fatality rates, SC 2005 data (occurrence), rates per 100 million estimated miles traveled. Data provided by the SC Department of Public Safety and the Department of Transportation. **
No Physical Activity	UPDATED DATA: Component of 'Risk for Heart Disease' indicator: Estimated percent of population who do not engage in leisure time physical activity, SC, 2005 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.

The Division of Biostatistics, PHSIS, SCDHEC provided data for the indicators which use information from birth and death certificates and from the Behavioral Risk Factor Surveillance System (BRFSS) Survey. In 2004, a revised certificate of live birth was implemented. The new certificate contains additional variables as well as modifications of previous variables. This may affect comparisons of variables to previous years. BRFSS survey data are based on telephone interviews of a sample of adult population 18 or older.

With few exceptions, the Division of Biostatistics compiled data for the DHEC Regions. Population estimates are provided by the Office of Research and Statistics, SC-BCB.

* AIDS cases include only those persons who are HIV positive AND who have progressed to AIDS.

Primary Health Indicators - Definitions

Risk/Outcome	Definition
Population Classified as Obese	UPDATED DATA: Component of 'Risk for Heart Disease' indicator: Estimated percent of population who are classified as 'obese' based on body mass index groupings, SC, 2005 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.
Prevalence of Smoking	UPDATED DATA: Estimated percent of population classified as 'current smoker', SC, 2005 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey.
TB Rates	UPDATED DATA: Rates of tuberculosis cases per 100,000 estimated population, SC, 2002-2004 average annual data (occurrence) provided by the Bureau of Disease Control, SC DHEC.
Violent Crimes	UPDATED DATA: Rates of reported violent crimes (murders, rapes, robberies, and aggravated assaults) per 10,000 estimated population, SC, 2003-2005 average annual data (occurrence) provided by the South Carolina State Law Enforcement Division.

The Division of Biostatistics, PHSIS, SCDHEC provided data for the indicators which use information from birth and death certificates and from the Behavioral Risk Factor Surveillance System (BRFSS) Survey. In 2004, a revised certificate of live birth was implemented. The new certificate contains additional variables as well as modifications of previous variables. This may affect comparisons of variables to previous years. BRFSS survey data are based on telephone interviews of a sample of adult population 18 or older.

With few exceptions, the Division of Biostatistics compiled data for the DHEC Regions. Population estimates are provided by the Office of Research and Statistics, SC-BCB.

* AIDS cases include only those persons who are HIV positive AND who have progressed to AIDS.

Regional Detail - Primary Health Indicators

	2006 Rate	2006 Rank	2006 State Rate	2005 Rate	2005 Rank	2004 Rate	2004 Rank	2003 Rate	2003 Rank
Region 8									
Adequacy of Prenatal Care	508.7	8	612.7	555.7	8	590.9	8	554.4	8
Children in Poverty	21.9	5	21.2	21.1	5	21.5	5	21.1	5
ER Visits	19.9	3	20.0	19.2	6	18.8	6	19.4	6
High Blood Pressure	32.7	5	31.4			34.6	7	30.6	6
High School Graduates	69.1	7	73.9	72.6	7	70.2	8	72.8	6
Incidence of AIDS*	14.6	3	16.7	14.5	3	14.1	3	15.9	3
Limited Activity Days	2.1	1	3.4	2.7	3	2.4	4	2.4	7
Motor Vehicle Deaths (Miles)	2.6	8	2.2	2.8	7	2.6	6	2.2	4
No Physical Activity	26.9	6	26.3	14.9	1	16.8	2	24.7	4
Population Classified as Obese	24.4	1	29.1	21.7	1	25.9	5	24.4	3
Prevalence of Smoking	19	1	22.5	27.3	7	18.2	1	26.6	5
TB Rates	6.3	5	5.9	8.3	6	7.9	6	8.3	5
Violent Crimes	76.1	4	78.8	78.8	4	80.0	4	83.3	5

Health Indicators - Definitions

Risk/Outcome	Definition
Binge Drinking	Updated Data: Estimated percent of population classified as a binge drinker, SC, 2005 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey. Binge drinking measures the percentage of the population that drinks more than five alcoholic beverages in one day, at least once per month.
General Health Status	UPDATED DATA: Estimated percent of population classified as having 'fair or poor health', SC, 2005 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey. General health status measures the percent of the population that reports fair to poor health. The data are based on answers to the question, "In general, would you say that your health is excellent, very good, good, fair or poor?" The percentage of persons reporting less-than-good health (i.e. fair or poor) is detailed here.
Lack of Health Insurance	UPDATED DATA: Estimated percent of population who do not have health care coverage of any kind, SC 2005 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey. No health insurance measures the percentage of the population without health care coverage of any kind, including prepaid plans, HMO's or government plans (Medicare).
Lead Poisoned Children*	UPDATED DATA, WISCONSIN STUDY: The Lead Poisoned Children * indicator measures the 2005 percentage of lead tests on children ages 6 and under that tested positive ($\geq 10\mu\text{g/dL}$) for lead poisoning.
Low Consumption of Fruits/Vegetables	UPDATED DATA: Estimated percent of the population that reports consuming less than 5 servings of fruits & vegetables per day, SC 2005 data (residence) from the BRFSS Survey.
Overweight & Obesity	UPDATED DATA: Estimated percent of the population that are classified as 'overweight or obese', SC, 2005 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey. Overweight & Obesity measures the percentage of the population that has a body mass index (weight in kg divided by height ² in m ²) greater than 25 kg/m ² .
Physical Inactivity	UPDATED DATA: Estimated percent of the population that reports not meeting physical activity recommendations, SC, 2005 data (residence) from the Behavioral Risk Factor Surveillance System (BRFSS) survey. Physical inactivity measures the percentage of the population that reports NOT doing moderate physical activity for 30 or more minutes per day, five or more days per week or vigorous physical activity for 20 or more minutes per day, three or more days per week.
Sexually Transmitted Disease - Chlamydia**	UPDATED DATA, WISCONSIN STUDY: The 'Sexually Transmitted Disease, Component A' ** Indicator measures the 2005 number of reported cases of chlamydia as the rate per 100,000 estimated population.

The Division of Biostatistics, PHIS, SCDHEC provided data for the indicators which use information from birth and death certificates and from the Behavioral Risk Factor Surveillance System (BRFSS) Survey. In 2004, a revised certificate of live birth was implemented. The new certificate contains additional variables as well as modifications of previous variables. This may affect comparisons of variables to previous years. BRFSS survey data are based on telephone interviews of a sample of adult population 18 or older.

With few exceptions, the Division of Biostatistics compiled data for the DHEC Regions. Population estimates are provided by the Office of Research and Statistics, SC-BCB.

*Data for the 'Lead Poisoned Children' indicator are provided by the Childhood Lead Poisoning Prevention Program, MCH, DHEC

**Data for the 'Sexually Transmitted Disease' Indicators are provided by the Bureau of Disease Control Program, SCDHEC. These data are tabulated by 'date of diagnosis', rather than 'date of report'. State rates include cases with 'unknown' Region. Data are considered provisional.

Health Indicators - Definitions

Risk/Outcome	Definition
Sexually Transmitted Disease - Gonorrhea**	UPDATED DATA, WISCONSIN STUDY: The 'Sexually Transmitted Disease, Component B' ** indicator , measures the 2005 number of reported cases of gonorrhea as the rate per 100,000 estimated population.
Sexually Transmitted Disease - Syphilis**	UPDATED DATA, WISCONSIN STUDY: The 'Sexually Transmitted Disease, Component C' ** indicator measures the 2005 number of reported cases of infectious and non-infectious syphilis as the rate per 100,000 estimated population.
Smoked While Pregnant	UPDATED DATA: 2005* Percents of Live Births Whose Mothers Reported Smoking During Pregnancy
Teen Birth Rate	UPDATED DATA: 2005 Live Birth Rates per 1000 Females 15-19 Years Old (Estimated Population)

The Division of Biostatistics, PHSIS, SCDHEC provided data for the indicators which use information from birth and death certificates and from the Behavioral Risk Factor Surveillance System (BRFSS) Survey. In 2004, a revised certificate of live birth was implemented. The new certificate contains additional variables as well as modifications of previous variables. This may affect comparisons of variables to previous years. BRFSS survey data are based on telephone interviews of a sample of adult population 18 or older.

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*Data for the 'Lead Poisoned Children' indicator are provided by the Childhood Lead Poisoning Prevention Program, MCH, DHEC

**Data for the 'Sexually Transmitted Disease' Indicators are provided by the Bureau of Disease Control Program, SCDHEC. These data are tabulated by 'date of diagnosis', rather than 'date of report'. State rates include cases with 'unknown' Region. Data are considered provisional.

Regional Detail: Health Indicators

	2006 Rate	2006 Rank	2006 State Rate	2005 Rate	2005 Rank	2004 Rate	2004 Rank	2003 Rate	2003 Rank
Region 8									
Binge Drinking	13.7	7	12.8	14.7	6	14.7	5	16.1	7
General Health Status	15.1	2	17.2	13.2	1	13.2	3	17.1	4
Lack of Health Insurance	18.9	4	18.9	14.8	3	23.5	8	17.8	7
Lead Poisoned Children*	0.3	6	0.3	0.3	1	0.7	5	0.9	6
Low Consumption of Fruits/Vegetables	79.4	5	78.8			70.0	1	77.8	6
Overweight & Obesity	59.0	1	64.5	59.9	3	61.7	6	54.3	1
Physical Inactivity	52.3	2	54.7	45.1	1	51.0	1	50.6	2
Sexually Transmitted Disease - Chlamydia**	430.8	3	469.4	546.8	7	435.5	7	272.6	3
Sexually Transmitted Disease - Gonorrhea**	151.5	2	218.9	256.2	7	223.8	6	98.1	1
Sexually Transmitted Disease - Syphilis**	5.5	1	12.8	4.6	1	5.1	2	12.4	4
Smoked While Pregnant	8.7	1	13.9	9.5	1	9.0	1	9.8	1
Teen Birth Rate	61.0	7	50.8	57.5	7	62.9	7	66.0	8



Our Mission

We promote and protect the health of the public and the environment

Our Vision

Healthy people living in healthy communities

Our Goals

- Increase support to, and involvement by, communities in developing healthy and environmentally sound communities
- Improve the quality and years of healthy life for all
- Eliminate health disparities
- Protect, enhance and sustain environmental and coastal resources
- Improve organizational capacity and quality

*South Carolina Department of Health
and Environmental Control*